

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045366

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 3204

STATE FILE NUMBER

FILED NOV 16 1962

## 1. PLACE OF DEATH

a. COUNTY St Louisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Vinita ParkLength of stay in 1b  
5 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 2805 WheatonInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY St Louisc. CITY OR TOWN Vinita ParkInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2805 WheatonReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
ROY E MARSHALL4. DATE OF DEATH  
Month Day Year  
Nov 3 1962

## 5. SEX

Males

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/24/1895

## 9. AGE (last birthday)

67IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Machine operator10b. KIND OF BUSINESS OR INDUSTRY  
General Motors11. BIRTHPLACE (City and state or country)  
Springfield Ohio12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

George Marshall13b. MOTHER'S MAIDEN NAME  
Do not know

## 14. NAME OF HUSBAND OR WIFE

June Marshall15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

June Marshall 2805 Wheaton18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

ACUTE MYOCARDIAL INFARCTION  
HYPERTENSIVE AND ARTERIO SCLEROTIC  
HEART DISEASEINTERVAL BETWEEN  
ONSET AND DEATH1 WEEK  
yearConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11 MARCH 1958 to 3 NOV. 1962 and last saw him alive on 3 NOV. 1962Death occurred at 11-15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Roseeta Mayle MD

## 22b. ADDRESS

567 NORTH SOUTH RD  
UNIVERSITY CITY MO 63104

## 22c. DATE SIGNED

11/3/6223a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal23b. DATE  
11/5/196223c. NAME OF CEMETERY OR CREMATORY  
Van Buren23d. LOCATION (City, town, or county)  
Muncie Indiana

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Ortmann F Home 9222 Lackland Overland Mo

## 25. DATE RECD. BY LOCAL REG.

11-3-62

## 26. REGISTRAR'S SIGNATURE

John E. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

45 Mayle  
7506 Mayle

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.